

FREEDOM TEMPLE MINISTRY EVENT NOTIFICATION FORM

Ministry _____ **Date of Event:** _____ **Time of Event:** _____

Type of Event _____
(Meeting, workshop, etc.)

Projected Event Cost \$ _____

Ministry Leader Name _____ **Contact #:** _____

Email Address: _____

Coordinator Signature _____ **Contact #** _____ **Date** _____

Onsite **Estimated Attendance** _____
 Executive Hall Gymnasium
 Freedom Café Sanctuary Other - Specify _____

Offsite
 Specify: _____

VISITING MINISTER/SPEAKER

Title: Mr. Mrs. Ms. Rev. Dr. In State Out of State

First Name: _____ Last Name: _____

Church or Organization Name: _____

Address: _____ City _____ State _____ Zip Code _____

Email Address: _____ Fee: \$ _____ Other needs: _____

Special Requirements

Podium Yes No

Number of Chairs _____

Number of Tables _____

Table Cloths will not be provided

Will food be served? Yes No

Supporting Ministry Requested

Obtain Ministry Leader's approval/Signature

Name of Ministry Ministry Leader's Signature

Name of Ministry Ministry Leader's Signature

► Ministry Leader submitted completed event form (s) to Coordinator Date _____

► Coordinator submit completed event form (s) to Administrative office Date _____

FOR OFFICE USE ONLY - APPROVAL PROCESS

	<u>Received</u>	<u>Forwarded</u>
► Administrative Director - Review for completion & forward	Date _____	Date _____
► Freedom Director - Review for date <input type="checkbox"/> Approved <input type="checkbox"/> Dissapproved	Date _____	Date _____
► Administrative Director notified Ministry Leader of approved or disapproved	Date _____	

Comments: _____